Trade name	Manufacturer	Presentation	Mercury content from thimerosal (μg Hg/0.5 mL)	Ovalbumin content (μg/0.5mL)	Age indications	Route
Contraindication	<b>luenza vaccine, quadrivalent (IIV</b> s*: Severe allergic reaction to any co oderate to severe illness with or witl	omponent of the vaccine, incl				
Fluarix Quadrivalent	GlaxoSmithKline	0.5 mL single-dose prefilled syringe	_	≤0.05	≥3 yrs	IM†
FluLaval Quadrivalent	ID Biomedical Corporation of Quebec (distributed by	0.5 mL single-dose prefilled syringe	_	≤0.3	≥3 yrs	IM†
	GlaxoSmithKline)	5.0 mL multidose vial	<25	≤0.3	≥3 yrs	IM†
Fluzone Quadrivalent	Sanofi Pasteur	0.25 mL single-dose prefilled syringe	_	§§§	6–35 mos	IM†
		0.5 mL single-dose prefilled syringe	_	§§§	≥36 mos	IM†
		0.5 mL single-dose vial	_	§§§	≥36 mos	IM†
		5.0 mL multidose vial	25	§§§	≥6 mos	IM†

Trade name	Manufacturer	Presentation	Mercury content from thimerosal (μg Hg/0.5 mL)	himerosal ( $\mu$ g/0.5mL)		Age indications	Route	
Contraindi		ion to any component	<b>dose</b> of the vaccine, including egg proteil ; history of Guillain-Barré syndrome					
Afluria	bioCSL		0.5 mL single-dose prefilled — <1 syringe		≥9 yrs***	IM†		
			5.0 mL multidose vial	24.5	<1	≥9 yrs*** via needle/syringe; 18-64 years via jet injector****	IM†	
Fluarix	GlaxoSmithKline		0.5 mL single-dose prefilled syringe	_	≤0.05	≥3 yrs	IM†	
FluLaval	ID Biomedical Co (distributed by Gl	orporation of Quebec axoSmithKline)	0.5 mL single-dose prefilled syringe	_	≤0.3	≥3 yrs	IM†	
			5.0 mL multidose vial	<25	≤0.3	≥3 yrs	IM†	
Fluvirin	Novartis Vaccine	s and Diagnostics	0.5 mL single-dose prefilled syringe	≤1	≤1	≥4 yrs	IM†	
			5.0 mL multidose vial	25	≤1	≥4 yrs	IM†	
Fluzone	Sanofi Pasteur		0.5 mL single-dose prefilled syringe	_	§§§	≥36 mos	IM†	
			5.0 mL multidose vial	25	§§§	≥6 mos	IM†	
Fluzone Intraderma	Sanofi Pasteur		0.1 mL prefilled microinjection system	_	§§§	18–64 yrs	ID**	

Trade name	Manufacturer		Presentation	Mercury content from thimerosal (μg Hg/0.5 mL)	Ovalbumin content (μg/0.5mL)	Age indications	Route
Contraindic	ations*: Sever	e allergic reaction to d		ccine, including egg prot	ein, or after previous dose of any inf ne within 6 weeks of receipt of influe		
Flucelvax		Novartis Vaccines and Diagnostics	0.5 mL single-dose prefilled syringe	_	†††	≥18 yrs	IM†
Contraindic	ations*: Sever *: Moderate t	_	any component of the vac		ein, or after previous dose of any inf ne within 6 weeks of receipt of influe \$§§		IM†
			prefilled syringe				
Contraindic	ations*: Sever	_	any component of the va		ne within 6 weeks of receipt of influe	nza vaccine.	
FluBlok		Protein Sciences	0.5 mL single-dose vial	_	0	18–49 yrs	IM†

## Live attenuated influenza vaccine, quadrivalent (LAIV4)

Contraindications\*: Severe allergic reaction to any component of the vaccine, including egg protein, or after previous dose of any influenza vaccine. Concomitant use of aspirin or aspirin-containing medications in children and adolescents.

In addition, ACIP recommends LAIV4 not be used for pregnant women, immunosuppressed persons, persons with egg allergy, and children aged 2–4 years who have asthma or who have had a wheezing episode noted in the medical record within the past 12 months, or for whom parents report that a health care provider stated that they had wheezing or asthma within the last 12 months.

LAIV should not be administered to persons who have taken influenza antiviral medications within the previous 48 hours. Persons who care for severely immunosuppressed persons who require a protective environment should not receive LAIV, or should avoid contact with such persons for 7 days after receipt. Precautions\*: Moderate to severe illness with or without fever.

History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine.

Asthma in persons aged 5 years and older.

Medical conditions which might predispose to higher risk for complications attributable to influenza.

FluMist Quadrivalent§§	MedImmune	0.2 mL single-dose	_	<0.24 (per 0.2mL)	2–49 yrs	IN	
		prefilled					
		intranasal sprayer					

Abbreviations: IM = intramuscular; ID = intradermal; IN = intranasal; ACIP = Advisory Committee on Immunization Practices.

† For adults and older children, the recommended site of vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh. Specific guidance regarding site and needle length for intramuscular administration can be found in ACIP's *General Recommendations on Immunization* (available at <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm</a>).

§ Trivalent inactivated vaccine, intradermal: A 0.1-mL dose contains 9 μg of each vaccine antigen (27 μg total).

<sup>\*</sup> Immunization providers should check Food and Drug Administration—approved prescribing information for 2014—15 influenza vaccines for the most complete and updated information, including (but not limited to) indications, contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at http://www.fda.gov/biologicsbloodvaccines/vaccines/approvedproducts/ucm093833.htm.

\*\* The preferred site is over the deltoid muscle. Fluzone Intradermal is administered using the delivery system included with the vaccine.

†† Trivalent inactivated vaccine, high-dose: A 0.5-mL dose contains 60  $\mu$ g of each vaccine antigen (180  $\mu$ g total).

§§ FluMist is shipped refrigerated and stored in the refrigerator at 35°F–46°F (2°C–8°C) after arrival in the vaccination clinic. The dose is 0.2 mL divided equally between each nostril. Health care providers should consult the medical record, when available, to identify children aged 2 through 4 years with asthma or recurrent wheezing that might indicate asthma. In addition, to identify children who might be at greater risk for asthma and possibly at increased risk for wheezing after receiving LAIV, parents or caregivers of children aged 2 through 4 years should be asked, "In the past 12 months, has a health care provider ever told you that your child had wheezing or asthma?" Children whose parents or caregivers answer "yes" to this question and children who have asthma or who had a wheezing episode noted in the medical record within the past 12 months should not receive FluMist.

\*\*\* Age indication per package insert is ≥5 years; however, ACIP recommends Afluria not be used in children aged 6 months through 8 years because of increased risk for febrile reactions noted in this age group with bioCSL's 2010 Southern Hemisphere IIV3. If no other age-appropriate, licensed inactivated seasonal influenza vaccine is available for a child aged 5 through 8 years who has a medical condition that increases the child's risk for influenza complications, Afluria can be used; however, providers should discuss with the parents or caregivers the benefits and risks of influenza vaccination with Afluria before administering this vaccine. Afluria may be used in persons aged ≥9 years.

††† Information not included in package insert. Estimated to contain <50 femtograms (5x10-8  $\mu$ g) of total egg protein (of which ovalbumin is a fraction) per 0.5 mL dose of Flucelvax.

§§§ Available upon request from Sanofi Pasteur (telephone: 1-800-822-2463; e-mail: mis.emails@sanofipasteur.com).

\*\*\*\* On August 15, 2014, the FDA approved Afluria for IM administration via the Pharmajet Stratis® jet injector, for persons aged 18 through 64 years.